

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/501,664

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		3				
6		3				
7		0				
8	1					
9		1				
10		1				
11		3				
12	1	3				
13		1				
14		1				
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50						
TOTAL IND.	3		0		0	
TOTAL DEP.	19	0	0	0	0	0
TOTAL CLAIMS	22	0	0	0	0	0

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			0	0	0	0
TOTAL DEP.			0	0	0	0
TOTAL CLAIMS			0	0	0	0